

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

362

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

883

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....ST. LOUIS
(c) Name of hospital or institution:
32431 N. 20 ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....NIL
(Specify whether
In this community.....75-3-2
years, months or days)

3. (a) PRINT FULL NAME.....JOSEPH HAUSCHULTE

3. (b) If veteran.....NIL
name war.....NIL
3. (c) Social Security No.....NONE

4. Sex.....MALE
5. Color or race.....WHITE
6. (a) Single, widowed, married, divorced.....WIDOWED
6. (b) Name of husband or wife.....MINNIE HAUSCHULTE
6. (c) Age of husband or wife if alive.....DEAD years
7. Birth date of deceased.....OCT. 26 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 2 hr. min.

9. Birthplace.....ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation.....FURNITURE WORKER

11. Industry or business.....NOT EMPLOYED FOR 15 YRS

12. Name.....HENRY HAUSCHULTE

13. Birthplace.....UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name.....ANNA SOFF

15. Birthplace.....UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant.....Mrs. Elizabeth Berney

(b) Address.....32431 N. 20 ST.

17. (a).....BURIAL (b) Date thereof.....Jan. 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....FRIEDENS CEMETERY

18. (a) Signature of funeral director.....W. J. Brebeck

(b) Address.....3934 N. 20 ST.

19. (a).....J. J. Brebeck (b).....J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....MISSOURI (b) County.....26
(c) City or town.....ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No.....32431 N. 20 ST.
(If rural, give location)
(e) Citizen of foreign country?.....NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....Jan. day.....28
year.....1942 hour.....9 minute.....40 A.M.

21. I hereby certify that I attended the deceased from.....Nov 1941 to.....Jan 27 1942
that I last saw him alive on.....Jan 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....Carcinoma of Colon

Due to.....2

Due to.....

Other conditions.....H6
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....no

Of autopsy.....no

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature.....Jas J. Kissel (M. D. or other)

Address.....3504 71st St. Date signed.....1-28-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.